

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep							Indep					
Total							Total					
Depend							Depend					
Total							Total					
Claims							Claims					